

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and Address): _____ TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
SHORT TITLE:	
<p style="text-align: center;">REQUEST FOR ADMISSIONS</p> <p> <input type="checkbox"/> Truth of Facts <input type="checkbox"/> Genuineness of Documents </p> <p> Requesting Party: Responding Party: Set No.: </p>	CASE NUMBER:

You are requested to admit within thirty days after service of this *Request for Admissions* that

1. ☐ each of the following facts is true (*number each fact consecutively*):

☐ Continued on Attachment 1

2. ☐ the original of each of the following documents, copies of which are attached, is genuine (*number each document consecutively*):

☐ Continued on Attachment 2.

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF PARTY OR ATTORNEY)
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